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Promotion and protection of the rights of children

Status of the Convention on the Rights of the Child

Report of the Secretary-General

Summary

The Convention on the Rights of the Child was adopted 25 years ago by the General Assembly in its resolution 44/25. In its resolution 68/147, the Assembly requested the Secretary-General to submit to it the present report, containing information on the status of the Convention and on issues contained in the resolution, with a focus on progress achieved and challenges in protecting children from discrimination and overcoming inequalities, in the light of the 25 years since the adoption of the Convention. The present report considers the progress achieved and the remaining implementation challenges and gaps in realizing the rights of the child. A number of proposals are made in respect of leveraging resources and innovations to advance the rights of children.

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I. Introduction

1. In its resolution 68/147, the General Assembly requested the Secretary-General to submit to it at its sixty-ninth session a report containing information on the status of the Convention on the Rights of the Child and the issues addressed in the resolution, with a focus on progress achieved and challenges in protecting children from discrimination and overcoming inequalities, in the light of the twenty-fifth anniversary of the adoption of the Convention. The present report is submitted in accordance with that request.

II. Status of the Convention on the Rights of the Child

2. As at 1 July 2014, the Convention on the Rights of the Child[1] had been ratified or acceded to by 194 States. The State of Palestine acceded to the Convention on 2 April 2014. Three States, namely, Somalia, South Sudan and the United States of America, are not yet parties to the Convention.

3. As at 1 July 2014, the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict[2] had been ratified by 156 States and the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography[3] had been ratified by 167 States.

4. In addition, as at 1 July 2014, the Optional Protocol to the Convention on the Rights of the Child on a communications procedure[4] had been ratified by 11 States.

III. Implementation of the Convention on the Rights of the Child

5. During the reporting period, the Committee on the Rights of the Child held its sixty-fourth to sixty-sixth sessions at the United Nations Office at Geneva, from 16 September to 4 October 2013, from 13 to 31 January 2014 and from 26 May to 13 June 2014, respectively.

6. As at 1 July 2014, the Committee had received the initial reports under the Convention of all but two States parties, namely, Nauru and Tonga. All initial reports received by the Committee had been reviewed. In total, since its inception, the Committee had received 636 reports, pursuant to article 44 of the Convention.

7. Furthermore, the Committee had received 101 reports and 1 second periodic report under the Optional Protocol on the involvement of children in armed conflict, and 87 reports and 1 second periodic report under the Optional Protocol on the sale of children, child prostitution and child pornography.

8. The Chair of the Committee will present her oral report to the General Assembly at its sixty-ninth session, in which she will address the major issues

[1] United Nations, *Treaty Series*, vol. 1577, No. 27531.
[2] Ibid., vol. 2173, No. 27531.
[3] Ibid., vol. 2171, No. 27531.
[4] General Assembly resolution 66/138, annex.

related to the work of the Committee during the past year, in accordance with resolution 68/147.

9. The Chair of the Committee will also address the opening meeting of the high-level meeting of the General Assembly on 20 November 2014 on the occasion of the twenty-fifth anniversary of the adoption of the Convention on the Rights of the Child, in accordance with General Assembly resolution 68/273.

IV. Progress achieved after 25 years since the implementation of the Convention on the Rights of the Child

10. Twenty-five years ago, the world set out a vision for its children, in which it committed to do everything in its power to protect and promote their rights to survive and thrive, to learn and grow, to make their voices heard and to reach their full potential. Adopted in 1989, the Convention on the Rights of the Child recognizes the child as a subject of rights that States commit to respect, protect and fulfil, guided by the best interests of the child. Embracing a holistic approach to child development, the Convention also recognizes that all children have a right to survival and development, to grow up free from discrimination, to express their views and to participate in society. In every region of the world, the Convention has inspired changes in laws, institutions and policies to better protect children. Many States have enshrined children's rights into their constitutions and many more have enacted specific legislation that translate the articles of the Convention into national laws. The Convention has also contributed to changing attitudes towards childhood and to the universal understanding that respecting, protecting and fulfilling the rights of children depend on recognizing childhood as a period that is separate from adulthood, defining it as a time when children can grow, learn, play, develop and participate in their communities and societies.

11. The most widely ratified human rights treaty in history, the Convention articulates universal human rights norms and standards for individuals below 18 years of age. While it recognizes the individual path of States Parties to implement the treaty, the Convention stipulates their legal obligations in fulfilling the rights of every child. The Committee on the Rights of the Child, which oversees the implementation of the Convention, has identified four articles as guiding principles of the Convention: non-discrimination or universality (article 2); the best interests of the child (article 3); the right to life, survival and development (article 6); and respect for the views of the child (article 12).

12. The impressive gains for children achieved over the past quarter century command attention and offer much to celebrate in all dimensions of the child-rights agenda set forth in the Convention. The present report will, to the extent possible, be illustrated though key indicators since 1990, the reference year for the Millennium Development Goals and the year in which the Convention came into effect.

Right to life, survival and development

13. Article 6 of the Convention states that every child has the inherent right to life, and that States Parties shall ensure to the maximum extent possible the development of the child. That article is closely related to the child's right to enjoy the highest attainable standard of health and to health services, as elaborated in article 24, as

well as the child's right to education, as described in articles 28 and 29. The child's right to development is also embraced in article 27, which requires that States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development. That right was further elaborated through the following general comments of the Committee: 1, on the aims of education; 3, on HIV/AIDS; 4, on adolescent health and development; 7, on early childhood; and 15, on the right of the child to the enjoyment of the highest attainable standard of health. Actions to ensure survival and development span across various domains, including the provision of essential health care, disease prevention and control, nutrition, water supply, sanitation and environmental health, and family guidance and care.

14. The Convention has helped to push children's rights, such as the right to health, up the political agenda as States committed to implementing this and other rights to survival and development when they ratified it. From this perspective, the Convention has acted as a catalyst and an enabler, supporting the global trend towards more effective and affordable treatments and innovative ways of delivering vital interventions, which have led to unprecedented progress in the reduction of child mortality. The global rate of under-five mortality has been almost halved, from 90 deaths per 1,000 live births in 1990 to 48 per 1,000 in 2012.[5] Importantly, the analysis shows that the pace of reducing under-five mortality has more than tripled over the past two decades, from 1.2 per cent for the period 1990-1995 to 3.9 per cent in 2005-2012. Maternal mortality has also decreased, from 543,000 deaths in 1990 to approximately 287,000 in 2010,[6] giving children a better chance of a healthy life. Dedicated efforts to national immunization campaigns indicate a marked progress in eradicating the polio virus, with only 1 per cent of children living in Afghanistan, Nigeria and Pakistan still being exposed to the virus.[7] The Office of the United Nations High Commissioner for Human Rights recently issued a technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce and eliminate preventable mortality and morbidity of children under 5 years of age (A/HRC/27/31), of which the implementation at the national level is expected to contribute to reducing that rate.

15. Notable progress has also been achieved in other child development outcomes. New HIV infections among children under 15 years of age declined by 35 per cent globally between 2009 and 2012,[8] while, according to estimates of the Joint United Nations Programme on HIV/AIDS (UNAIDS), the outlook for children born to mothers living with HIV improved dramatically between 2005 and 2012, with more than 850,000 HIV infections in children prevented. Efforts to fulfil children's right to food have also yielded improved results, with a 37 per cent drop in stunting since 1990.[9] Access to water and sanitation facilities has increased, reaching 2.3 and 2 billion people respectively between 1990 and 2012.[7] The proportion of the global

[5] United Nations Children's Fund (UNICEF), *Committing to Child Survival: A Promise Renewed — Progress Report 2013* (New York, 2013).

[6] World Health Organization and UNICEF, *Accountability for maternal, newborn and child survival: the 2013 update* (Geneva, 2013).

[7] UNICEF, Thematic Report 2013, "Young Child Survival and Development" (New York, 2013).

[8] Joint United Nations Programme on HIV/AIDS (UNAIDS), *Global Report: UNAIDS report on the global AIDS epidemic 2013* (Geneva, 2013).

[9] UNICEF, *The state of the world's children in numbers: every child counts* (New York, 2014).

population using improved water sources reached 89 per cent in 2010, up from 76 per cent in 1990.[10] According to the United Nations Development Group, in its thematic paper on Millennium Development Goal 2,[11] in education, major progress has been facilitated through enabling legal, policy and institutional frameworks and sustained public expenditures in primary education. Today, more children are attending school, even in the least developed countries, with the enrolment rate growing from 83 per cent in 2000 to 90 per cent in 2011. Over the same period, estimates show that the number of children out of school worldwide was almost halved, from 102 million to 57 million. Around half of the recent reductions in maternal and infant mortality are attributed to girls' education, especially when mothers have completed primary school and at least lower secondary school.[12] The 40 per cent decline in child labour among girls since 2000, compared with 25 per cent for boys, is also attributed to greater emphasis on girls' education during this period.[13]

Protection and empowerment of the child

16. The protection and empowerment of the child is at the heart of the Convention, which, in its article 19, indicates that children have the right to be protected from being hurt and mistreated, physically or mentally. That right is supported by a number of other articles, including 20-22, 24 (3) and 32-40, which describe a set of actions and approaches States Parties must undertake in order to prevent and address all forms of violence, exploitation and abuse, and ensure that laws, services, behaviours and practices minimize children's vulnerability, address known risk factors and strengthen children's own resilience. The appointment of three special representatives of the Secretary-General, with mandates on violence against children, children and armed conflicts and sexual violence in conflict, anchor protection work and provide direction around specific issues.

17. Governments are increasingly reviewing their child protection systems and prioritizing areas for strengthening. By the end of 2013, 104 countries had identified the nature of their systems and those areas that require an enhanced response, and 74 of them now have results reflected in government budgets, policy papers or legislation, potentially benefiting 690 million children. Specifically, the number of countries with policies in place to prevent and address violence against children has increased by 50 per cent since 2006 (see A/68/274), an estimated 2,538 communities in eight countries now adhere to public declarations to abandon female genital mutilation,[14] while child labour has decreased by about one third its level in 2000.[15]

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[10] The Millennium Development Goals report 2013 (United Nations publication, Sales No. E.13.I.9).

[11] Available from www.undg.org/docs/11421/MDG2_1954-UNDG-MDG2-LR.pdf.

[12] E. Gakidou et al., "Increased educational attainment and its effect on child mortality in 175 countries between 1970 and 2009: a systematic analysis", in *The Lancet*, Volume 376 (2010).

[13] International Labour Organization, *Making progress against child labour. global estimates and trends 2000-2012* (Geneva, 2013).

[14] United Nations Population Fund-UNICEF, Joint Programme on Female Genital Mutilation/Cutting: Annual Report 2012 (New York, 2012).

[15] UNICEF, Thematic Report 2013, "Child protection from violence, exploitation and abuse" (New York, 2013).

18. At the international level, there has been an ever-growing ratification and incremental implementation of the principal instruments relating to children's protection from violence, namely, the Optional Protocol on the sale of children, child prostitution and child pornography and the Optional Protocol on the involvement of children in armed conflict. Conflict-related violence recently gained more prominence with the endorsement of the Declaration of Commitment to End Sexual Violence in Conflict (A/68/633, annex), and the adoption of Security Council resolution 2106 (2013) on women, peace and security, which outlines a comprehensive approach and framework to prevent conflict-related sexual violence. The United Nations Children's Fund (UNICEF) has played an important role in ensuring that countries have in place a protective legal framework in relation to child discipline. The former Yugoslav Republic of Macedonia is the most recent country to date to achieve legal reform prohibiting all corporal punishment of children in all settings, including the home, bringing to 36 the total number of States to adopt such a measure. There has been an increase in the number of countries prohibiting corporal punishment in schools, from 117 in 2012 to 122 in 2013.

19. In recent years, humanitarian reform efforts, including the Transformative Agenda of the Inter-Agency Standing Committee, have strengthened humanitarian response through improved partner coordination and technical capacity development, increased predictability and deeper commitment to accountability to affected populations. The rights enshrined in the Convention now provide the framework for much of the inter-agency cluster system's commitments to action in health, nutrition, education, water and sanitation, child protection and HIV/AIDS. As a result, humanitarian response is increasingly more strategic, coordinated and effective in delivering results for children.

20. International human rights and humanitarian law apply concurrently during times of armed conflict. The Convention and its Optional Protocols thus provide a critical international legal framework for the protection of children in armed conflict. The Security Council embraced the norms and standards set by the Convention and referred to it in numerous resolutions on the situation of children in armed conflict. In its resolution 1612 (2005), the Council requested the Secretary-General to implement a monitoring and reporting mechanism, to provide timely and reliable information on grave violations of children's rights during armed conflict. Since the adoption of the resolution, the Secretary-General has received information about six grave violations of children's rights. As a result, children's rights have become more integrated into the work of the Council.

21. Action by the Security Council has strengthened protection on the issue of children in armed conflict, which is the subject of the Optional Protocol on the involvement of children in armed conflict. In its resolution 1882 (2009), the Council required parties to armed conflict engaging in patterns of killing and maiming of children and/or rape and other sexual violence against children to be listed in the annexes to the reports of the Secretary-General on children in armed conflict. The same year saw the unanimous approval of resolution 1888 (2009), by which the Council urged Member States to take concrete steps to stop the use of sexual violence as a tactic of war and mandated peacekeeping missions to uphold the protection of women and children from sexual violence during armed conflict. More recently, in its resolution 1998 (2011), the Council has taken steps to protect children's rights to health services and education, by designating any attacks on

schools or hospitals by armed groups as a grave violation of children's rights, triggering the automatic listing of violating parties.

The right to participation

22. Children's rights to be heard and respected in matters that concern them, including having their views sought in judicial proceedings that affect them, are reflected through several provisions of the Convention. However, article 12 expressly articulates States Parties' obligations to "assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child". It also states that "the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings". In that article, together with articles 5 and 13-17, the Convention conveys the idea of children as active participants in their own development, rather than as mere recipients of adult protective care. General comment 12, adopted by the Convention in 2009, further elaborates the scope of article 12, articulating what action governments are expected to take to implement article 12, and how to interpret its meaning.

23. While the translation of this ideal into reality at times proved to be elusive, States Parties' efforts to establish national children's and youth councils or parliaments reflect their intention to strengthen children's participation in matters that affect them (see E/CN.9/2012/5). There is also evidence of children and adolescents' engagement in programme development and policymaking processes. In Brazil, for example, children's voices were instrumental in developing national guidelines on the implementation of adolescent-friendly health services and drafting policies in support of indigenous populations.[14] Similarly, in Mozambique, the a participatory child rights media network has facilitated the inclusion of children's voices in programming related to disaster risk reduction, the prevention of HIV/AIDS among adolescents and disabilities.

24. Children are also increasingly involved in the Convention reporting process, either by contributing their the State Party's reports or by preparing alternative reports, such as in the case of India.[16] On occasion, children also come to Geneva and participate in special meetings with the Committee.

25. The process of elaborating the sustainable development goals has contributed to a strengthened recognition of the value of citizen participation and served as a platform to amplify the opinions of children and young people with respect to public matters affecting them. A number of efforts have been made to include the voices and recommendations of children in the post-2015 development agenda. Between 2012 and 2014, children and young people from diverse backgrounds across every region of the world have been involved in online and face-to-face consultations, sharing their opinions on global and local development issues. In Nepal, for example, recommendations from 15,000 children's clubs fed into national policy design, influencing the decision to allocate 10-15 per cent of the local budget to children in the most disadvantaged situations.

[16] Available from http://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/Ind/INT_CRC_ICO_Ind_15693_E.pdf.

26. The celebration of the twenty-fifth anniversary of the adoption of the Convention coincides with the entry into force of the Optional Protocol on a communications procedure. By allowing children to seek remedies and bring complaints on the violations of their rights under the Convention and its two Optional Protocols before the Committee on the Rights of the Child. The Optional Protocol on a communications procedure consolidates an international system of accountability for the realization of children's rights.

V. Implementation challenges and remaining gaps in realizing the rights of the child

27. There is an increasing recognition of the widespread inequities affecting the poorest and most vulnerable children. In the developing world, children from the poorest income quintile are three times as likely to be out of school, nearly three times as likely to be underweight and twice as likely to die before the age of five as those from the wealthiest quintile.[17] Overall, while extreme poverty declined globally, evidence shows that 568 million children are still living in extreme poverty, including 400 million children under the age of 12.[18] According to a recent profile of the world's extreme poor by the Organization for Economic Cooperation and Development (OECD),[19] 47 per cent of those living on less than $1.25 a day are 18 or under. Meanwhile, 30 million children, equal to one child out of every eight in the OECD countries, are growing up poor. Furthermore, child poverty has been increasing in many of these countries in recent years as a consequence of the economic crisis, showing that child poverty is a global issue and not just one for the developing world.

28. The disproportionate concentration of extreme poverty among children remains a huge barrier to the fulfilment of children's rights, with long-term implications for their families, communities and the rest of society (see ECA/ICPD/EXP/2013/2). Children and adolescents are particularly vulnerable to the impacts of poverty because of their evolving capacities and physical and mental needs. Early experience of poverty and deprivation can have devastating effects on children's long-term development, creating and maintaining intergenerational cycles of poverty. Underlying factors, such as gender, disability, ethnicity, harmful sociocultural norms and behaviours, conflict and humanitarian crises, may further exacerbate children's vulnerability and deepen discrimination and exclusion. Societies and countries also pay an enormous price for the high levels of child poverty, through reduced productivity, increased vulnerability to climate change, untapped potential and the costs of responding to chronic poverty and rising inequality.

29. The caseload for humanitarian action continues to grow each year, with children and women disproportionately affected by external shocks, such as economic crises, climate change, natural disasters, diseases or violent conflicts. In recent years, the humanitarian system has experienced an unprecedented number of severe crises occurring at the same time, bringing ever-greater urgency to advocacy

[17] UNICEF, Issue brief: child poverty in the post-2015 agenda (New York, 2014).

[18] P. Olinto et al., "The state of the poor: where are the poor, where is extreme poverty harder to end and what is the current profile of the world's poor?", in *Economic Premise*, Number 125 (World Bank, Washington, D.C., 2010).

[19] Available from www.oecd.org/els/soc/OECD2014-Income-Inequality-Update.pdf.

and monitoring efforts based upon the Convention and its protocols. Children in humanitarian situations and post-crisis transition contexts face a dramatically greater risk of violation to their rights, as health and water systems become overstretched, learning is interrupted and the threat of exploitation and abuse increases. Two out of every three children who die before the age of five live in fragile and conflict-affected contexts.[20] Children with disabilities are most vulnerable in these contexts and face the greatest risk of injury, abuse and neglect.

The right to child survival and development

30. Persisting challenges in protecting children's right to life are attributed to the lack of attention and investment rather than to the lack of knowledge on life saving interventions. According to recent data,[5] 216 million children died before their fifth birthday since 1990, more than the current total population of Brazil. The estimates also indicate that 2.9 per cent of newborn babies die of preventable causes within the first 28 days of life, with deaths caused mainly to poorly resourced health services and lack of culturally appropriate health care. In terms of regional perspective, West and Central Africa have seen under-five mortality rates fall by just 39 per cent since 1990, the lowest reduction among all regions. Those two regions are also experiencing the highest rate of mortality, with almost one in every eight children dying before the age of 5, a situation that is exacerbated by the recent severe outbreak of the Ebola virus.

31. Addressing the challenges of undernutrition and stunting are closely interlinked with the unfinished agenda of child survival and development. As one of the main underlying causes of under-five mortality, undernutrition accounted for 45 per cent deaths in 2011. A result of multiple deprivations in terms of poor living conditions, including household food insecurity, low levels of parental education, lack of access to quality health care and an unhealthy living environment, stunted growth affects 162 million children worldwide. Recent estimates indicate that children in the poorest quintile were twice as likely to be stunted as those in the richest quintile.[7] Inadequate nutrition not only heightens a child's susceptibility to death from infectious diseases, such as pneumonia, diarrhoea and malaria, but may also result in long-lasting, cognitive and physical impairments, including intellectual disability, elevated risk of adult-onset cardiovascular disease and diabetes.[6] Perhaps more importantly, evidence shows that chronic food insecurity and inadequate diets, exacerbated by scarcity of resources, perpetuate the intergenerational poverty cycle, as undernourished girls have a greater likelihood of becoming undernourished mothers, who in turn have a greater risk of giving birth to undernourished children.[21]

32. Despite the growing evidence of the efficacy of early childhood development policies and programmes and enhanced resources on improved education, health and nutrition outcomes for children, over 200 million children under five in low and middle-income countries will not reach their developmental potential.[22]

[20] World Bank, *World Development Report: Conflict, Security and Development* (Washington, D.C., 2011).

[21] Save the Children, *Nutrition in the first 1,000 days: state of the world's mothers 2012* (London, 2012).

[22] S. Walker et al., "Child development: risk factors for adverse outcomes in developing countries", in *The Lancet*, Volume 369, Issue 9556 (2007).

33. Access to adequate sanitation is a major safeguard against infections and undernutrition. Although sustained and substantial investments in sanitation yielded significant results between 1990 and 2011, 36 per cent of the world's population still lacks access to improved sanitation facilities. Between 1990 and 2011, sanitation coverage increased from 49 to 64 per cent.[10] In South Asia, for example, improved sanitation increased from 2 to 7 per cent between 1995 and 2008, a development that barely benefitted the poorest 40 per cent of the population. Moreover, 768 million people, 82 per cent of whom are in rural areas, live without access to a clean water supply.

34. Access to HIV testing and antiretroviral treatment has drastically improved since the adoption of the Convention. However, in low- and middle-income countries, coverage of such treatment for children under the age of 15 has consistently been around half that for adults, 34 compared with 64 per cent for adults in 2012.[8] The rates of early infant diagnosis remain low. Only 39 per cent of children in low and middle-income countries were estimated to have access to HIV testing within the recommended 2 months of birth in 2012.[23] The international community is also failing the 2.1 million adolescents aged 10-19 living with HIV around the world in terms of providing prevention and treatment services and offering them continued care and support during their transition from paediatric to adult health care services.[24] In the past seven years, the 10-19 year age group is the only one in which AIDS-related deaths have increased. In 2012, over 85 per cent of all adolescents with HIV lived in sub-Saharan Africa and over 90 per cent of those AIDS-related deaths among adolescents occurred in this same region. Gender inequality coupled with social and economic inequalities play a marked role in the vulnerability of adolescent girls and the disproportionate levels of HIV among them. In sub-Saharan Africa, adolescent girls and young women account for approximately 60 per cent of all adolescents and young people living with HIV, as of 2012. Two thirds of new HIV infections in adolescents are among girls.

35. In education, much progress took place between 1989 and 2004, and efforts to get more children into school have stalled over the past few years. Furthermore, the progress on gender parity in primary school enrolment has led to the mistaken impression that the task has been completed, when in reality girls in many countries continue to be deprived of quality schooling and especially the opportunity to enter and complete secondary schooling. Today, there are still 57 million children of primary school age who are not in school and 69 million adolescents who are not in secondary school. In sub-Saharan Africa, only 93 girls are enrolled in primary school for every 100 boys.[10] For many children, entry into the classroom is only partial progress, as 25 per cent of children worldwide do not reach and complete the last grade of primary education. In 2011, about 137 million children began primary school, but 34 million are expected to leave school before reaching the last grade. Sub-Saharan Africa and South and West Asia have the highest rates of early school-leaving. Furthermore, across those regions, more than one in three students who started primary school in 2011 will not make it to the last grade. Further compounding these challenges is what has recently been called the "learning crisis" caused by a host of issues related to irrelevant and outdated curriculums, a lack of qualified teachers, inadequate assessments and standards and a shortage of

[23] UNAIDS, *Global AIDS response progress reporting 2012* (Geneva, 2012).

[24] Susan Kasedde et al., "Reducing HIV and AIDS in adolescents: opportunities and challenges", in *Current HIV/AIDS Reports*, Volume 10, No. 2 (2013).

appropriate learning materials. An indication of the cumulative effect of these factors on poor learning outcomes is evidenced through recent data suggesting that up to 250 million children (or one in every three children) who attend school reach the age of 10 without acquiring basic literacy, numeracy and life skills.[25]

The right to protection

36. Advances in child protection have been grounded in a much deeper understanding of the dynamics of social norms and the actions needed to promote positive norms aimed at ending harmful practices. This has been complemented by efforts to improve national capacities to better document and understand the scale, scope and depth of child abuse, exploitation and neglect. Critical investments in household data collection instruments, such as the Demographic and Health Survey and the Multiple Indicator Cluster Survey, have helped to shape national policies and programmes and played a vital role in raising awareness about the extent of protection risks facing children.

37. However, millions of children continue to be exposed to the cumulative impact of different manifestations of violence, exploitation, abuse and neglect. Given the multiple and overlapping violations faced by children today, there is a need to ensure much stronger accountability for child-rights violations and inter-sectoral coordination, supported by proven, budgeted strategies and legislation that is mutually reinforcing and that help to put an end to child rights violations. Each year, according to the Secretary-General's study on violence against children,[26] between 133 million and 275 million children witness episodes of violent behaviour between their parents. According to a global school-based student health survey, between 20 and 65 per cent of school-aged children had reported incidents of verbal or physical bullying in the previous 30 days. Children with disabilities are almost four times more likely to be victims of any sort of violence and three times more likely to be victims of sexual violence. The prevalence of female genital mutilation has declined in many countries. However, more than 125 million girls and women alive today have been cut in the 29 countries in Africa and the Middle East where that practice is concentrated.[27]

38. Ensuring that all children are registered immediately after birth is central to their right to have access to basic services, including health care, social security and education. However, globally, this fundamental right has been denied to 230 million children under five years of age, with sub-Saharan Africa and South Asia experiencing the lowest rates of birth registration among all regions.[7] With continued high rates of child marriage in South Asia and sub-Saharan Africa, and with a projection that, between 2011 and 2020, 50 million girls will be married before they turn 15,[9] addressing child marriage remains a high priority within child protection agenda. In this context, it is important to recognize that child marriage often leads to early pregnancy and exacerbates the health risks of young adolescent mothers. According to the World Health Organization (WHO), in low- and middle-income countries, complications from pregnancy and childbirth are a leading cause of death among girls aged 15-19 years. Stillbirths and newborn deaths are 50 per

[25] UNICEF, Thematic Report 2013, "Basic Education and Gender Equality" (New York, 2013).

[26] Available from www.unicef.org/ceecis/sgsvac-cyp.pdf.

[27] UNICEF, *Female genital mutilation/cutting: a statistical overview and exploration of the dynamics of change* (New York, 2013).

cent higher among infants born to adolescent mothers than those born to mothers aged 20-29 years.[28] Ensuring that adolescents have access to accurate information about sexual and reproductive health as well as access to health services and education is thus of perennial importance.

39. Around the world, an estimated 150 million children aged 5 to 14 are still engaged in child labour, accounting for almost 15 per cent of all children. Recent years have seen a marked increase in trafficking of children. Data available for the reporting periods 2003-2006 and 2007-2010 show an increase from 20 to 27 per cent, respectively, with two of every three trafficked children being girls.[29] In some regions, more than 60 per cent of detected victims are children, girls being the hardest hit. In April 2014, a terrorist group abducted nearly 300 schoolgirls in Nigeria, most of whom currently remain under the control of the terrorists and are in severe danger of being enslaved. Child trafficking is a serious form of violence, leading to further violations of rights, as children are, for example, enslaved into prostitution, sold into marriage, coerced to work in plantations or deep-sea fishing, forced to beg on the street or recruited by criminal networks. Similarly, children facing the criminal justice system often see their rights compromised, including as a result of violence while deprived of liberty and inhuman sentencing, flogging, stoning, amputation, life imprisonment and even the death penalty. As persons who are victims, witnesses or offenders, in need of protection measures, affected by status offences or criminalized for involvement in petty crime, children face long periods of pretrial detention and may be exposed to physical, psychological and sexual violence (see A/HRC/21/25).

The right to participation

40. The full realization of children's participation rights continues to be hampered by cultural and discriminatory attitudes and practices as well as by political, legislative and economic barriers. Younger children, girls, children with disabilities, working children or those out of school, children from indigenous or minority communities, and children growing up in poverty often find the right to participation and self-expression particularly elusive. Lack of access to information prevents many children from knowing their rights. For example, the Convention has not been translated into certain minority languages or sufficiently disseminated, which disproportionately diminishes the awareness of children belonging to ethnic and indigenous groups of their rights and fundamental freedoms, including their right to participation (see A/67/225). Furthermore, the lack of information on sexual and reproductive health in a number of countries restricts adolescents' ability to make informed decisions about their health.

41. The rise in structural mechanisms that enable children to participate in decision-making, through school and youth forums, children's parliaments and judicial proceedings, has contributed to a cultural change in the value that children, adults and organizations are now placing on public expression of children's voices. However, questions are genuinely taken into account about the extent to which children's views in such forums, and concerns persist about the lack of regular and

[28] See www.who.int/mediacentre/factsheets/fs364/en.

[29] United Nations Office on Drugs and Crime, Global report on trafficking in persons (Vienna, 2012).

sustained resources to support them, potentially rendering such platforms as symbolic and ineffective.

42. Despite efforts to reach children in the most marginalized situations through consultative processes, it is recognized that the participation of many children is hindered by little or no access to the Internet and by literacy and language barriers. A further challenge is to ensure that the outcomes of these consultations feed into the post-2015 narrative and in the articulation of concrete goals and targets.

43. More needs to be done to spell out the benefits of ensuring children's rights to participation. Evidence in this regard is not complete. In part, this is due to the lack of comprehensive monitoring and evaluation approaches to children's participation. The potential for improved monitoring has been enhanced by the adoption of general comment 12 of the Convention, which elaborates on the scope of article 12, and further strengthened by an accompanying resource guide.[30] However, more rigorous measurement is required of the actions taken to implement the right embodied in article 12 of the Convention. Greater focus is also warranted on the ratification of the Optional Protocol on a communications procedure. To become a truly meaningful mechanism of redress for children, enabling them to bring complaints to the Committee , more efforts need be made on increasing the number of ratifying States Parties.

VI. The way forward: leveraging resources and innovations to advance the rights of children

44. As the discourse on child rights continues to evolve, a stark reminder of the unfinished agenda demands sustained focus and action to address the persisting and widening concerns. A call to renew the existing commitments is thus imperative, with an emphasis on reducing the implementation gap between the principles and the rights enshrined in the Convention and the actual living conditions of the most marginalized and excluded girls and boys who are left behind.

45. Recognizing that, given the pressing global challenges, driven by climate change, food and water insecurity, changing population dynamics, youth unemployment and social conflict, solutions might not be found within traditional development paradigms, the quest for novel approaches has never been greater. Indeed, exploring alternative paths requires changing beliefs, using basic practices and the innovative use of resources to further accelerate progress and current achievements.

46. In this context, the issues and actions below merit further scrutiny by governments and international actors.

Scale-up the delivery of integrated, high impact interventions focusing on the most excluded and marginalized

47. Country experiences show that progress, such as sharp reductions in preventable child deaths, increased number of children at school and strengthened social protection systems, are possible when concerted and

[30] Available from www.unicef.org/ceecis/Child_Youth_Resource_Guide.pdf.

integrated action, adequate resources and political will are consistently applied in support of children's rights and well-being. By creating closer linkages between different elements of well-being, multisectoral interventions have the potential to contribute to a broad range of complementary development outcomes and increased efficiency and effectiveness in service delivery for the most disadvantaged.

48. Efforts to strengthen community-based, front-line child health services in the integrated management of childhood illness and immunization, including community engagement, have not only contributed to a common understanding of child survival and a greater demand for health services, but are also effective in achieving results on multiple fronts.

49. Similarly effective are those programmes that integrate essential health, nutrition and HIV/AIDS-related interventions across the entire continuum of care, offering services for growth monitoring, antenatal and postnatal visit reminders, HIV/AIDS lab results delivery and supply and logistics support for essential medicine. The past decade has seen a dramatic shift with regard to sanitation services, away from technically based, supply-driven approaches towards a focus on demand-driven approaches, rooted in community leadership, behaviour and social norm change, and local innovation. These community approaches to achieving total sanitation are enabling communities to become open defecation-free, contributing to improved health and nutrition for children.

50. Addressing the disproportionate concentration of children living in extreme poverty and reducing the persistent disparities in health, education and other crucial child well-being indicators are developmental challenges that are closely interlinked. The Millennium Development Goals have proved to be a guiding force that have and continue to improve the lives of many disadvantaged families and children around the world. Ensuring that the new priorities included in the post-2015 development agenda prioritize the poorest and most vulnerable children will be critical to eradicate extreme poverty and promote equity.

51. Extensive evidence now shows how social protection programmes, and cash transfers in particular, have significant impacts on multiple dimensions of child poverty, including increases in school enrolment, access to health care and reduced rates of malnutrition. Emerging evidence from Brazil, Ecuador, Malawi and Nicaragua highlights the impacts of social protection programmes on child labour and child marriage, by addressing the poverty that underlies these practices through integrated approaches. Furthermore, growing evidence suggests that, rather than leading to dependency, social transfers help to promote investment in households' productive activities while creating income multiplier effects in local economies. There is also a growing consensus of the importance of both scaling up social protection programmes and, crucially, building integrated social protection systems to avoid fragmentation and enhance the efficiency of their interventions.

Leverage the strengths and resources of broad-based, multi-actor partnerships

52. Over the past two decades, new pathways for solving entrenched development problems have emerged, which seek to build coherence among the

actions of a wide range of partners, including governments, civil society, the private sector and academia.

53. Multi-stakeholder partnerships have proved to be effective in addressing critical bottlenecks as they leverage the strengths and resources of various partners to accelerate results for children. The steady decline in child mortality over the past two decades has been attributed to the increased use of high-impact health interventions, scaled up through multi-actor initiatives. Initiatives such as Committing to Child Survival: A Promise Renewed, Every women, every child, the Global Alliance for Vaccines and Immunization (GAVI Alliance), and Scaling Up Nutrition are central to achieving this. For example, the members of the GAVI Alliance, which brought together multilateral organizations such as WHO, UNICEF, the United Nations Population Fund and the World Bank, civil society, private philanthropists, donors, the vaccine industry and Governments of the implementing countries, contribute through participation in the strategy and policy-setting, fundraising, advocacy, vaccine development and procurement, country support and immunization delivery.

54. Similarly, the strength of public-private partnerships, such as the Global Fund to fight AIDS, Tuberculosis and Malaria and the Roll Back Malaria Partnership, lies in the diversity of partners and in their ability to rally all sectors of society towards the common goal of reducing cases of infectious diseases, saving lives and alleviating the poverty caused by malaria. Scaling Up Nutrition, which currently engages 50 countries, provides opportunities to explore new mechanisms to enhance nutrition-specific programmes through strengthened multi-sectoral synergies and actors. Collaborative, result-oriented partnerships such as these are critical to delivering results for children and realizing their rights.

Leverage the use of new technologies and data availability for programme design and delivery

55. The strategic use of technology can solve problems of time, distance and coordination in the delivery of services. Technology can also lead to strengthened data collection and analysis to inform policy formulation, as well as increased aid effectiveness and greater transparency and accountability. Web and mobile Geographic Information Systems-based platforms facilitate the collection of information from various datasets while enabling partners to identify evolving vulnerabilities alongside critical barriers and bottlenecks. This creates opportunities to monitor the progress of programmes and services and resolve them through targeted investments.

56. In the area of health, for example, real-time monitoring facilitates better linkages between community health services and the formal health system in underserved and remote communities. The transportation of blood samples and test results, especially for rural clinics, is one of the biggest obstacles facing early infant diagnosis and the initiation of antiretroviral therapy for HIV-positive infants, significantly reducing their chance of survival. In Zambia, for example, 30 per cent of children die before the age of one if no interventions for paediatric HIV care and support are provided. The promising results of Project Mwana indicate that the use of mobile phone text messaging can strengthen the early diagnosis of HIV in infants by reducing delays in transmitting results

from the HIV test laboratories to rural health facilities, cutting the total delivery time from 66 to 33 days on average.[31] There is also an indication that the RemindMi application can be used trace community health workers, to achieve improved rates of postnatal follow-up and an increased number of clinic visits for mothers.

57. Children whose births are unregistered may not be able to access health and education services and be protected from violence, exploitation and trafficking. In countries such as Brazil, India and Senegal, experiences suggest that performance monitoring of local registration centres, free text messaging provided by mobile providers and established links between community centres and national authorities can help to significantly increase the number of registered births.

58. Real-time information has been used to expedite the family tracing and reunification process in conflict and emergency situations, by collecting and sharing information on unaccompanied, separated and highly vulnerable children. Such was the case with the influx of refugees from the Democratic Republic of the Congo into Uganda in 2012, internally displaced persons in South Sudan and, more recently, in response to the devastating impact of typhoon Haiyan in the Philippines.

59. The real-time monitoring approach has also been put to use to enhance the quality of the education system in Uganda. Edutrac, for example, collects information on school enrolment, attendance, effective delivery of textbooks and school sanitation infrastructure. The system allows reporters, including school principals, students, and community members, to send alerts via text messaging, triggering the mobilization of resources and actions to protect children from abusive teaching practices, speed up school construction and reduce teacher absenteeism. Edutrac has already generated a dynamic dialogue between the community and the Government, increasing accountability in over 3,500 schools with the collaboration of 10,000 reporters.

60. The same principle underpins the "U-Report" system, also in Uganda, which enables mass citizen participation in real-time monitoring on a wide range of health, education and child protection issues, via mobile phones. Discussions cover topics related to teacher absenteeism, children with disabilities, birth registration, child marriage and corporal punishment. With 257,000 people registered, some 20,000 young people responding to each bi-weekly poll and the results being communicated in the media, the system is strengthening the accountability of both service providers and parliamentarians.[32] In general, the use of information and communications technology for social accountability purposes has the potential to strengthen participation by children and adolescents.

Build resilience for children through risk-informed programmes

61. By upholding the rights of children regardless of context, the Convention provides a stable normative bridge between humanitarian situations and development contexts, as well as a consistent legal framework within the

[31] See www.who.int/bulletin/volumes/90/5/11-100032/en/.

[32] See www.unicef.org/infobycountry/uganda_62001.html.

different elements of humanitarian action, from preparedness to early recovery. The Convention calls upon duty-bearers to consider the realization of children's rights a priority at all times. In holding to these commitments, humanitarian agencies and States Parties are increasingly applying risk-informed programming approaches to protect the rights of children in high-risk and high-threat environments. However, more remains to be done to enhance the linkages between humanitarian and development programming and to lay the groundwork for resilience, recovery and renewed development.

62. Sound risk assessments lead to risk-informed programming. The scope of risks to children to be considered should include all forms of risk, such as those encountered by children in disaster situations arising not only from natural hazards but also from conflict or civil unrest, or disease outbreaks. Many children find themselves living with multiple risks and multiple hazards at once. Areas of focus for humanitarian action must be made on the basis of mappings of vulnerability that reflect these complexities.

63. Implementing resilience-building programme modalities and humanitarian action will enhance the ability of children, households, communities and systems to anticipate, manage and overcome shocks and cumulative stresses. Basic social services for children should be risk-informed and prioritized in risk-prone communities. In this regard, the nexus of development work and humanitarian action for children should be strengthened and used as an entry point to building new forms of partnerships to address the rapidly changing humanitarian landscape.

64. The participation of communities and children, especially the most marginalized and at-risk, in local planning, budgeting and monitoring of risk assessment, as well as prevention, emergency preparedness, response and recovery, can greatly enhance resilience, especially at the subnational level. Well-coordinated approaches of all development sectors and strong partnerships will also contribute to the same end.

Secure efficient, equitable and sufficient investment

65. As noted above, persisting challenges in realizing child rights are often attributable to a lack of priority and investment rather than to a lack of knowledge of the most effective, life-saving and equity-promoting interventions for children. The Committee has emphasized that States, whatever their economic circumstances, are required to undertake all possible measures towards the realization of the rights of the child (see CRC/GC/2003/5). There nonetheless remain significant gaps in translating policies into budget allocations for key policies and programmes to improve the situation of children and the realization of their rights. Further progress requires a major, committed increase in the efforts of national governments to mobilize resources, including through official development assistance and tax revenues, as well as political will to prioritize children's rights in resource allocation.

66. Requirements in terms of domestic resources are aimed not only at progressively securing adequate resource allocations, but also at improving the quality of public spending, to make it more transparent, efficient and equitable. Policy and budget decisions should be informed by an analysis of the situation for children made on the basis of timely, comprehensive and disaggregated data. Such analyses are crucial for efficient spending and for services to reach the most vulnerable and marginalized children.